# F2000005H

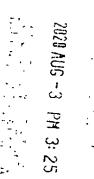
(Requestor's Name)				
(Address)				
ss)				
tate/Zip/Phone	e #)			
WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	s of Status			
Special Instructions to Filing Officer:				
	ss)  tate/Zip/Phone WAIT  ess Entity Nar  ment Number)			





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	COVE			ř
	COVE	R LETTER ,		<b>.</b>
TO: Registration Sect Division of Corp				
SUBJECT: OMF Tamp	pa, Inc.			
<u></u>	Name of corpor	ation - must include	suffix	
Dear Sir or Madam:				
The enclosed "Application	on by Foreign Corporation	for Authorization	to Transact Bus	iness in Florida."
"Certificate of Existence.	e," or "Certificate of Good	Standing" and chec		
above referenced foreign	n corporation to transact bu	isiness in Florida.		N.
Please return all correspo	ondence concerning this m	atter to the following	ng:	
John Malloy			:	$\frac{1}{2}$ $\frac{\omega}{\pi}$
	Nam	e of Person		
The Original Mattress Facto				3. 3. 2
		Company		<u> </u>
4930 State Road	1 11110	Company		
		Address		
Claurata de OU AUDA	<i>*</i>	Address		
Cleveland, OH 44134		1.62		
for the Order to the order	•	ate and Zip code		
jmalloy@originalmattress.c	E-mail address: (to be u	and for future energy	al rapart natifia	ations —
	n-man address, (to be u	sed for future annua	и герогі понне	ation)
For further information c	concerning this matter, ple	ase call:		
Inh = NA. Ilan	21/	ZZ1 0200		
John Malloy	at (			
Name of Person	ı Area	Code Dayti	me Telephone I	Number
STREET/COU	RIER ADDRESS:	MA	ILING ADDRI	ESS:
Registration Sect			stration Section	
Division of Corp		•	sion of Corpora	
The Centre of Ta			Box 6327	
2415 N. Monroe Tallahassee, FL	2 Street, Suite 810 32303	Talla	ihassee, FL 32.	314
	he following amount:			
- Enclosed is a check for tr	ne following amount.			
Enclosed is a check for the Please make check payable	e to: FLORIDA DEPARTM	ENT OF STATE		
		ENT OF STATE  ☐ \$78.75 Filing  Certified Cop		\$87.50 Filing Fee. Certificate of Stat

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER'A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	OMF Tampa, In	nc.					
••		forporation; must include "INCORPORATI forp," "Inc." "Co," or "Corp.")	ED," "C	OMPANY," "CORPORATIO	)N,"		
	(If name unavail	able in Florida, enter alternate corporate na	me adop	ted for the purpose of transact	ng business in	ı Floric	ia)
2.	Delaware		3				
<u>-</u> .	(State or countr	y under the law of which it is incorporated.	)	(FEI number, if a	pplicable)		
4.	February 21, 20	20	5.				
••	(Date of incorporation)		·	(Date of duration, if other	than perpetu	al)	
6.	September 1, 2020						
	•	(Date first transacted busines (SEE SECTIONS 607,1501 & 60			ling 5		
7.	4930 State Road,	Cleveland, OH 44134	7.1502.	1.5., to determine penany maon	i	7020 AUS	
		(Principal	office <u>s</u>	reet address)		<del>ဖ</del> ယ်	- ,-
		(Current ma	iiling ad	dress, if different)	<u></u>	<del>Р</del> ж 3:	·  
8.	Name and stree	et address of Florida registered agent: (	P.O. Bo	ox <u>NOT</u> acceptable)		25	
	Name:	Jayson Scott Knight		_			
Of	ffice Address:	1785 State Road 436		_			
		Winter Park		, Florida 32792			
		(City)		(Zip code)			

### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

7/3c/2c (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

'A. DIRECTORS			
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 4930 State Road	□Vice Chairman	Address:
Director	Cleveland, OH 44134	Director	Winter Park, FL 32792
■ President		□President	
□Vice President		■ Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	□Other
□Chairman	Name: Paul Terry	□ Chairman	Name:
	Address: 4930 State Road		Name: Address: Address:
Director	Cleveland, OH 44134	Director	3
□President		□President	PH 3:
□Vice President		□Vice President	<u> </u>
□Secretary	□Treasurer	□Secretary	☐ Treasurer
□Other	Other	□Other	□Other
□Chairman	John Malloy Name:	□Chairman	Nama
	4930 State Road		Name:
■ Director	Address: Cleveland, OH 44134	□ Vice Chairman	Address:
President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	□Secretary	□Treasurer
□Other	Other	Other	
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa	rtment of State Annual Re	
	Signature to Direct		
The officer or direct she is aware that fars.817.155, F.S.	ctor signing this document (and who is listed in nu also information submitted in a document to the Do	mber 11 above) affirms the epartment of State constitu	at the facts stated herein are true and that he of tes a third degree felony as provided for in
13.	JOHN MALLOY SUCA	RETARY + TR	MASURIER

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OMF TAMPA, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMF TAMPA, INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2020.



Authentication: 203329787

Date: 07-22-20

7863832 8300 SR# 20206285852